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Jennifer A. Connington
Jennifer A. Connington

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney's Docket No.: 102132-5

EXAMINER : Not Assigned
ART UNIT : 2759
APPLICANT : Michael DUPRE
APPL. NUMBER : 09/485,352
FILED : March 13, 2000
FOR : METHOD AND DEVICE FOR CUSTOMER
PERSONALIZATION OF GSM CHIPS

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NOTICE OF CHANGE OF ADDRESS

Hon. Commissioner of Patents
Washington, D.C. 20231

Dear Sir:

Please take notice that the below-identified attorney of record in the above-identified application has moved to a different firm. Kindly address all future correspondence to:

NORRIS, McLAUGHLIN & MARCUS, P.A.
220 East 42nd Street - 30th Floor
New York, New York 10017

Please also note that the firm's telephone number is 212-808-0700. The firm's telefax number is 212-808-0844.

Respectfully submitted,

NORRIS, McLAUGHLIN & MARCUS

Christa Hildebrand
Christa Hildebrand

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Attorney for Applicant
Norris, McLaughlin & Marcus P.A.
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Date: March 28, 2002



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Bib Data Sheet

CONFIRMATION NO. 1819

SERIAL NUMBER 09/485,352	FILING DATE 03/13/2000 RULE	CLASS 713	GROUP ART UNIT 2131	ATTORNEY DOCKET NO. 2643/OG629	
APPLICANTS Michael DUPRE, SANKT AUGUSTIN, GERMANY; ** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/DE98/01943 07/13/1998 <i>ECT</i> ** FOREIGN APPLICATIONS ***** <i>ECT</i> GERMANY 197 33662.0 08/04/1997 IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 04/27/2000					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>ECT</i> Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY GERMANY	SHEETS DRAWING 2	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
ADDRESS Christa Hildebrand NORRIS, McLAUGHLIN & MARCUS, P.A. 220 East 42nd Street 30th Floor NEW YORK, NY 10017					
TITLE METHOD AND DEVICE FOR CUSTOMER PERSONALIZATION OF GSM CHIPS					
FILING FEE RECEIVED 970	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		